PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of information unless it displays a valid OMB control acceptance.

uction Act of 1995, no persons a

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

are required to respond to a conection	in or information driess it displays a valid Olvid Control humber			
Application Number	10/677,077 October 1, 2003			
Filing Date				
First Named Inventor	Martin S. Scolaro			
Art Unit	2821			
Examiner Name	Chuc Tran			
Attorney Docket Number	25493-459900			

ENCLOSURES (Check all that apply)								
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC						
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences						
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
After Final	Petition to Convert to a Provisional Application	Proprietary Information						
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter						
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):						
Express Abandonment Request	Request for Refund	Replacement Sheet drawing (1); Check for \$520 (1 mon. ext. &						
Information Disclosure Statement	CD, Number of CD(s) Landscape Table on CD	extra claims fee); Certificate of Mailing; Postcard						
Certified Copy of Priority Document(s)	Remarks							
Response to Missing Parts/ Incomplete Application								
Response to Missing Parts under 37 CFR 1.52 or 1.53								
SIGNATI	JRE OF APPLICANT, ATTORNEY, OR	AGENT						
Firm Name 27717								
Signature W OW	<u></u>							
Printed name Christopher S. Hermanso	on							
Date 6-22-06	Reg.	No. 48,244						
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Signature Sent tills	relov							
Typed or printed name   Irene Feizulov   Date   6/32/06								
		. /						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (01-06)

PIO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Paper

Under the Papervol Reduction Act of	5)		Complete if Known								
Fees pursuant to the Consormal appropriations Act, 2005 (H.R. 4818).		Applicati	Application Number 10/677,07								
FEE TRANSMITTAL		Filing Da		October 1,	2003						
		First Nar	ned Inventor	Martin S. Scolaro							
For FY 2006			Examiner Name Chuc Tran								
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	0004							
				Docket No.	25493-459900						
TOTAL AMOUNT OF PATMIENT (4) 320.00											
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 19-1351  Deposit Account Name: Seyfarth Shaw LLP - 27717											
Deposit Account Deposit Account Number: 19-1351  Deposit Account Name: Seyfarth Shaw LLP - 27717  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
For the above-identified d	leposit acco	ount, the Director is i	nereby autric			,	the filing foo				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments											
under 37 CFR 1.16 and 1.17  warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on P	TO-2038.		· filing of t	nav be subi	ect to a surc	narge.)					
FEE CALCULATION (All th	e fees be	ow are due upor	1 ming or 1	nay be subj	301 10 4 54.10						
1. BASIC FILING, SEARCH	, AND EX	AMINATION FEE	<b>S</b> :ARCH FEI	s EX	NOITANIMA	EES					
 	ILING FEI	all Entity	<u>Small</u>	Entity	Small E	<u>ntity</u>	ees Paid (\$)				
Application Type Fo		<u> </u>			<del>ee (\$)</del>	<u>v)</u> –					
Utility 3		150 50			30 65						
Design 2	200	100	00 50	,							
Plant	200	100 30	00 15		60 80						
Reissue	300	150 50	00 25	0 (	300						
Provisional	200	100	0	0	0 0		1 Entity				
2. EXCESS CLAIM FEES	<u>Fe</u>	Small Entity Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (incl	udina Rei	ccues)				50	25				
Each independent claim	over 3 (in	cluding Reissues)	)		_	200 100					
Each independent claim over 3 (including Reissues)  Multiple dependent claims						360 180					
Total Claims Ex	ktra Claims	Fee (\$)	Fee Paid (	<u>\$)</u>		Multiple Dependent Claims Fee (\$) Fee Paid (\$)					
$\frac{1}{20}$ $\frac{1}{20}$ or HP = 0		^	0	_	<u> </u>	<u>ee (\$)</u> !	ee i did (e)				
HP = highest number of total cla	iims paid for, xt <b>ra Claims</b>	if greater than 20. Fee (\$)	Fee Paid (	<b>\$</b> )							
$\frac{\text{magnification}}{6}$ = 3 or HP = 2		x 200.00=	\$400.00	_							
HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 listings under 37 CFR 1.16(s)											
Listings under 37 CFR	1 52(e)).	the application size	ze lee due l	12 9520 (415-	TOT BITTER	inty) for each	additionar 50				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(d) and 37 CTR 1.10(a) thereof Fee (\$) Fee Paid (\$)											
<u>Total Sheets</u> - 100 =	Alia Sileet	/ 50 =	(rour	d up to a who	e number) x		_=				
4. OTHER FEE(S)							Fees Paid (\$)				
Non-English Specification, \$130 fee (no smarr entry discount)  Other (e.g., late filing surcharge): Additional Claim Filing Fee; One-Month Extension  \$520.00											
	7 XI.										
SUBMITTED BY	(1)	811.	Regist	ration No. 48, ey/Agent)	244		312) 346-8000				
Signature Name (Print/Type) Christoph	1		(Attorne	ey/Agent/		Date 6	22-06				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing the Suggestions for reducing the Suggestions for reducing the suggestion of the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing the Suggestion of the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing the suggestion of the Chief Information Officer, U.S. Patent on the Chief Information Offi